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“DESTRUCTIVE ART OF HEALING;”

OR,

FACTS FOR FAMILIES.

BY THE AUTHOR OF

“FALLACIES OF THE FACULTY.”

[Sam. Dickson]

Second Edition.

LONDON:

GEO. ROUTLEDGE & CO., 2, FARRINGDON STREET.

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## FACTS FOR FAMILIES.

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IT is a “fact—”and no fact can be better attested—that, however greatly particular doctors might at one time differ from each other in certain details of everyday treatment, the Faculty, till very recently, \*were almost to a man unanimous as to the efficiency of many measures which numbers of themselves *now* admit to have been a mere string of the most egregious errors. Right or wrong, at the epoch alluded to, not only were the measures, *now* so very generally condemned, the universal practice, but for upwards of twenty centuries one and all of them had actually been received as the approved ground work of the Healing Art. From time immemorial, for example—in the *outset* of diseases at least—it had been the established practice of medical men to reduce the vital force of the patient’s system by every means in their power; and more especially had it been their custom thus to reduce it by abstracting and otherwise diminishing the *reparative material* of the entire organic economy, by a variety of processes, all more or less repulsive and

painful. Having first, in almost every case, duly stopped *income*—the food and drink—and wasted *capital*—the blood and the elements of the blood—no man was considered a “competent physician” who did not further very carefully multiply by a general rule of three the normal *expenditure* of the Healthy Body!

Such at least was the “Antiphlogistic Practice”—a practice by which the medical people, time out of mind, were in the universal habit of reducing their unfortunate patients—whatever their previous strength or stamina—to a common standard of helplessness and debility. Its object according to the schools, was to prevent or cure INFLAMMATION, most diseases being supposed to partake of an “inflammatory” “phlogistic” or fiery character. But of all those so-called antiphlogistic measures, the highest in rank with the most eminent doctors was BLOOD-LETTING. “In all cases of inflammation,” says a great living professor—Professor Alison, of Edinburgh—“in all cases of inflammation, the only antiphlogistic remedy on which absolute reliance can be placed is *Blood-letting*; and there is no other remedy for *any other kind* of diseased action which can be put in competition with *this* in *efficacy* and *importance*.”

In this high appreciation of blood-letting, as a universal remedy, Dr. Alison merely echoed the prevailing opinion of the profession at large. But, at the period here referred to, blood-letting was only one of the “antiphlogistic” measures on which reliance was

placed as a remedial means ; for, even so late as 1836, Mühry, a German physician, who came to England expressly to see British practice, thus writes : “Mercury, purging, and blood-letting, are the three leading therapeutic means in England.” “The English practitioners hold the human system to be so constituted that it can bear a *considerable loss* of blood.” “Even in chronic inflammation bleeding is much depended on.” —*Mühry’s State of Medicine in France, England, and Germany, in 1836.* In addition to these depressing measures, medical men then very generally adopted various forms of “counter-irritation,” comprehending blisters, setons and issues. Whatever the nature, or wherever the real or supposed “seat,” of the patient’s complaint—the head, the chest, the back, the stomach, the joints—these were the common applications—followed up in certain cases by horrible ointments of savine, tartarised antimony, and the like.

For upwards of twenty-three centuries to starve, bleed, purge, and torture, had been the all but exclusive business of the man of medicine. From the days of Hippocrates till within the last few years, this was the undoubted practice in almost all diseases. Mathematically considered, the whole thing might seem absurd ; and when rigorously tested by *statistics*—as has been since done in particular diseases—the absolute negation of all practice could not show such a fearful fatality of result ! But at the period in question there were no

statistics ; dead men then, at least, proverbially told no tales ; and as those who were fortunate enough to *escape* this terrible medical ordeal were invariably reminded by the doctor how thankful they ought to be for their *cure*, the majority of patients seldom expressed themselves ungrateful for anything that had been done for them in the course of their illness. In truth, what from the gloom of the sick room, and what from the obscurity that enveloped the science, no question was ever asked by the public at large about medical matters. The possession of a diploma or degree from a school or university of reputation was the only requisite for practice. The *practice* itself, no matter how destructive, signified little so long as it was the “established practice.”

Such, and so complete and implicit was the confidence with which the great mass of the public regarded the profession, very few people had the boldness to doubt or dispute the general excellence of an art which their physicians with truth assured them had been the offspring of the accumulated medical experience of ages. Here and there, nevertheless—among thinking and reflecting men—philosophers, poets, and satirists—an opinion was gradually growing up unfavourable to the professors of medicine, from Shakspeare, whose advice was to “throw physic to the dogs,” to Byron, who himself fell a victim to what he too truly termed the “Destructive Art of Healing.” But till the year 1836,



when, as Mühry is careful to relate, the sanguinary practice, in England at least, still continued in the ascendant, it never seemed to have occurred, even to physicians themselves, that there could be anything materially erroneous in their general method of treating diseases. The year 1836, however, was destined to be the commencement of a most momentous epoch in the history of medicine. In the autumn of that year the present writer first startled the profession by the announcement of his work, "*THE FALLACY OF PHYSIC, as taught in the Schools; with New and Important Principles of Practice.*" Contrary to all the greatest doctors, whether of ancient or modern times, I there maintained that the Blood, in the impressive language of Scripture, being "the life of the flesh"—the life of the *sick* as well as the life of the sound—instead of depleting and lowering the system when suffering from the fitful fever of disease, the preservation of this most precious of the fluids, by every possible means, ought in every case to be a primary object with both surgeons and physicians. Further, in the teeth of the whole tribe of doctors, I held that all diseases—even *local* diseases—erroneously so called—being each and every of them like the "fitful ague," distinguished by "chills" and "heats"—and all of them being more or less periodic and intermittent in their nature—each and every of them ought, from the first onset, to be combatted like the same ague-fit by

*febrifuge* or fever-medicines; in other words, by the very opposite of depletion—bark, iron, wine, and such remedies as have for their common object the restoration or preservation of the normal corporeal *Temperature* and *Time*. Undeterred by the obloquy I met on my first publication of these conservative views, I developed them more fully a year or two afterwards, in my work, “*The Unity of Disease*,” which treatise I followed rapidly up by my popular volume, “*The Fallacies of the Faculty, with the Chrono-Thermal System of Medicine*.” Upon the laity, at least, this last publication fell like a thunder-bolt; edition after edition was called for; translations and foreign reprints appeared in quick succession, and men at length began to wonder how they possibly could have so long trusted their health and their lives to the tender mercies of a profession composed, for the most part, of school-bound formulists and unmitigated pedants!

Distrusted by the public, numbers of the profession, in various parts of England, now for the first time began seriously to distrust themselves. “Statistics” or numerical comparisons were appealed to, and, to the astonishment of the most eminent practitioners—as I had again and again predicted—even in apoplexy and inflammation of the chest, blood-letting was found to increase, by three to one, the fatality observable in cases where the operation was not practised! Hence many great and most desirable changes in the practice

of medicine—changes all more or less in accordance with the “heterodox views,” considered, on their first publication, to be so “insulting to the intelligence of the entire profession.” In place, for example, of bleeding, leeching, and otherwise lowering the vital force of the sick, certain physicians now began to give bark, iron, and wine, in cases where they themselves would formerly have expected nothing short of death—from inflammation—to be the result of such a plan. At a still later period some of the more eminent surgeons also found it imperative, in order to retain the confidence of the public, to turn over a new leaf, both as regards practice and opinion. How one of the most distinguished of these “eminent tragedians” has trimmed, the reader will see in the sequel.

Of the many living *medical* professors who had, previously to this time, published practical works on disease and its treatment, several of very high reputation have openly acknowledged their errors. Some, on the contrary, without any such acknowledgment, have, on one pretence or another, actually unwritten all they had once advocated in former editions of their works. Not the least conspicuous of these is Dr. Alison, of Edinburgh—the same Dr. Alison, be it observed, who, only a few years back, held blood-letting to be a universal remedy. Strange as it may appear, the Edinburgh professor does not now bleed even in inflammation of the chest! Nor is he alone in this wonderful change;

many London professors, of equal celebrity, having adopted my own practice in this and other respects. More particularly I may instance Dr. Todd, late Professor of Medicine in King's College, who thus writes on this very subject of inflammation of the chest:—"The plan of treatment which has been recommended by some of our *highest authorities*, I need not tell you, is that by bleeding and tartar emetic. You bleed early from the arm, and, if necessary, you bleed a *second* and a *third* time; and if under this treatment, resolution (cure) does not speedily take place, you bleed locally by *leeches* or *cupping*, and likewise give tartar emetic more or less freely; to all which, counter-irritation (by blisters) may be superadded in the more advanced stages. I have had ample experience of this treatment, and I must confess that experience has so little satisfied me with it, that I have for some years *ceased to adopt it*; for under this treatment I have seen *too many die*; and when recovery has taken place, in too many instances has it been with a tedious lengthened convalescence." Considering how strenuously Dr. Todd himself, not many years ago, advocated by his own "high authority" the practice he now reprobates, I cannot see what injury could accrue to his fame had the learned professor honestly and candidly named the author whose more conservative treatment of pneumonia, by bark ("quinine") and other febrifuges, he, in common with so many others, now so

very particularly imitates! Equally silent on this point, however, have been certain other eminent London physicians — Dr. Marshall Hall, for example, Dr. Watson, and Dr. Copland, who have all very recently, more or less, come round to the opinions and practice I myself was the first to propound, and for which, in the first instance, I experienced at *their* hands—mark that, reader—so much bitterness and hostility! Even among the surgical writers examples may be found of a similar want of candour when performing the process of self-stultification. Witness Sir Benjamin Brodie, in his own favourite field, in the field where he has so long reigned as the first of authorities—the “Diseases of the Joints and Spine.” Not till, in his own opinion at least, he had very satisfactorily tested his views by the experience of a certain number of years of hospital and private practice, did Sir Benjamin—then Mr.—Brodie feel justified in publishing his first work on these complaints. Mr. Brodie came out as an authority on spinal and joint complaints for the first time in 1813. Then, for the guidance of students and young surgeons, he recommended bleeding, leeches, cupping, calomel, blisters, setons, and caustic issues, as the best treatment of both disorders. And so satisfied was he with the “advantageous” results of that treatment, even so late as 1834—after, in fact, TWENTY-ONE YEARS’ FURTHER EXPERIENCE of hospital and private practice—he still held that nothing better could be done. Certain, at least, it

is, in an edition of his work published that year, Sir Benjamin Brodie did not think it necessary to make any alteration in his treatment of joint and spine diseases, by leeches, calomel, and cupping—using these exhaustive and repulsive measures *then* even in cases of “chronic inflammation”—in other words, in cases where the patient had been worn out, bodily and mentally, by long previous sickness! And in so far as blisters, setons, and caustic issues were concerned, this eminent surgeon still continued to express himself perfectly pleased with the “singular benefit” resulting from these “advantageous” remedies. Nor did “THE UNITY OF DISEASE”—a copy of which work I sent him a few years afterwards—seem at first to convince him that one and all of his own boasted measures were a blunder and a barbarism throughout. Twelve or fourteen years later Sir Benjamin Brodie had discovered his error. In 1850—reader, mark the date—the Chirurgical Baronet brought out a new work, which he was pleased to call the “sixth edition” of his “Diseases of the Joints and Spine, with *Additions and Alterations*.” Many and great are the “alterations” here. In this new *edition*—if new edition it can be called—Sir Benjamin Brodie completely abandons every one of the more prominent measures on which he had, for upwards of *thirty* years, very particularly plumed himself; while the “additions” with which he couples his “alterations”—if the truth may be told—are neither

more nor less than so many simple “subtractions” from the pages of a writer he and his friends had for years affected to despise, as “the madman who wrote ‘*The Fallacies of the Faculty!*’”

What does Sir Benjamin Brodie say about the diseases of the Joints and Spine in his edition of 1850? In every and each of his *five* former editions he speaks of these complaints as mere local complaints, to be best treated by local depletory means. This mistake of his “early life” he now corrects. One and all of them, he now assures us, are the unquestionable results of some previous constitutional disturbance. “A more enlarged experience,” he confesses, has satisfied him that, in common with the great majority of so-called local disorders, the diseases of the joints and spine grow out of “some *antecedent* morbid condition, either of the circulating or nervous system.” And in proof of his altered position, Sir Benjamin Brodie now, for the first time, points to a series of phenomena “not unfrequently” witnessed in such cases—namely, certain *periodical* changes, certain “alternations of temperature,” which affect the diseased joints “as regularly as an *Ague*.” Therefore, totally discarding every depletory measure whatever, Sir B. Brodie now treats all diseases of the joints and spine by bark (quinine), iron, and other febrifuge medicines—particularly recommending, also, attention to temperature; while the setons and caustic issues which, even in his edition of 1834, he



tells us he had in most cases found to be very "ADVANTAGEOUS," and "usually of SINGULAR BENEFIT" to his patients, he now stigmatises as the "PAINFUL and LOATHSOME treatment" with which he had been silly enough to "TORMENT" them, like other young men, during the juvenility of his "early life." Your early life, Sir Benjamin!

"Angels and ministers of grace, defend us;  
Be thou a spirit of health, or goblin damned?"

In 1834, when, by your own showing, you still continued thus to "torment" almost every poor creature who consulted you, whether for spinal or joint disease—you were already in your own and the world's opinion a great surgeon, and had been in practice nearly *thirty* years—in 1834 you had actually taken the last look of the sunny side of *fifty*—you were upwards of half a century old! That year, too, for your particular skill in spinal complaints, you were created a Baronet! What a mistake; as we now learn from these "alterations and additions," every one of which you most conscientiously apprise us has been simply the result of your own "more enlarged experience:" carefully remembering, doubtless, Lord Bacon's advice, "Always when thou changest thine opinion or course, profess it plainly, and declare it openly, *together with the reasons that move thee to change*, and do not *steal* it."

"THE UNITY OF DISEASE" was on Sir Benjamin



Brodie's table, but he had read it not—he had other avocations than to read “such stuff;” its contents he could only know from hearsay. That is why he had so long laughed at doctrines which he now looks upon as essentially his own. That is why he amputated limbs, and limbs which he now admits might have been saved by the more conservative medical treatment suggested to him by his “more enlarged experience!” And during the greater part of the time Sir B. Brodie was pursuing his destructive system—if we believe his own autobiography in the *Lancet*—he was actually making upwards of £10,000 a-year! Oh, most discriminating British Public!

I have elsewhere pointed out some errors—grave errors—in Sir Benjamin Brodie's *present* practice. Considering the late age at which the eminent Baronet adopted his “alterations and additions,” it would have been too much to expect that his novel practice could admit of the perfection it might have reached had he really commenced it in his “early life.” In that case he could scarcely have advised us as he does, in his “edition” of 1850, to confine certain patients to the horizontal posture for the long space of “two or three years,” and keep them all that time on one remedy—iron! Imprisonment to the couch and a course of iron for two or three years! That error, at least, we may safely expect Sir B. Brodie to rectify with a little more of his own “more enlarged experience.”

Having allowed “Her Majesty’s Serjeant *Surgeon*” to account for his change of practice and opinion in his own way, I must now spare a little room for the recantations of certain equally eminent *Physicians*. Very different have been the reasons given by Professor Alison, of Edinburgh, for *his* adoption of a new course. With Dr. Copland, Dr. Watson, and other English physicians of mark, Professor Alison ascribes *his* change of practice to “a change in the TYPE of disease.” According to ‘these gentlemen, Human Nature has completely altered within the memory of the present generation; nay, within the last ten or twelve summers it is not what it was’;—why or wherefore, no two of these great doctors can agree. By one very distinguished physician we are called to believe that the “malaria from the wood pavement has caused all diseases to assume an *intermittent* type.” Another will have it that the gradual substitution of “tea and potatoes” for ale and animal food in the diet of the people, has very sensibly “mitigated the ferocity” of all complaints. Indeed, certain gentlemen, with the eminent Dr. Alison at their head, assure us that the diseases even of horses, asses, and horned cattle, have also, all within the present generation, been materially changed. By “tea and potatoes?” No; but “somehow or other.” Many doctors, nevertheless, declare with Dr. Watson, that the human constitution has been certainly altered since the cholera came to

England in 1832. According to these last, the cholera has not only altered the constitutions of those it attacked, but it has, "somehow or other," completely changed the constitutions of those it never attacked at all! But whatever be the true theory of the cause of this "change of type," nothing is more certain than that the people of these degenerate times "cannot bear depletion as they formerly did;" for that fever, small-pox, chicken-pox, and the like, are no longer the "inflammatory" complaints they used to be. Even epilepsy, palsy, and apoplexy—according to Dr. Marshall Hall, Dr. Radcliffe, and other very original gentlemen—must no longer be treated "antiphlogistically." These diseases, now-a-days, being all, like the ague, more or less, periodic and intermittent, can only be cured by "quinine," "iron," and other febrifuge remedies. So changed, in a word, has become the type of all diseases, the most sanguinary surgeons—Mr. Guthrie, perhaps, excepted—can by no possibility adopt the lowering measures they practised within the last dozen years in cases of accident—broken heads and broken bones, for example—not in these islands only, but all throughout the civilized world!

People of England, is this the truth? Is this the honest belief of men in whom you have so long confided as examples of probity and honour? Or, is this assumption of a change in the type of disease a mere shallow artifice on the part of solemn impostors, who

wish to rob the discoverer of his reward, and filch from him the profits of a conservative practice, they themselves have for years vilified and denied? *Can* the TYPE of disease change? Is such a change probable, or even possible? Every known fact in creation answers, “*Forms* may change; *Types* are immutable!”

Let us consider the functions of a healthy human body, as they are, were, and, till this globe shall come to an end, must, in the very nature of things, continue to be!

In the first place, then, a healthy man will be found to be a *regular* man; in every act of his life you will find him keeping time almost like the clock. Such a man scarcely requires a watch to tell him when to rise, or when to go to bed, when to work or when to play. Even in his interior economy every organ and atom preserve a regular rhythm in all their movements. The beat of his heart and the play of his lungs, on all but extraordinary occasions, keep an all but musical time; his corporal income and expenditure very periodically balance each other. From the cradle to the grave, his life—his whole life—is little more than a mere series of periodic repetitive acts. Thus, a healthy man may be said to be a walking chronometer; while, in so far as heat and cold are concerned, he requires no thermometer to regulate his temperature. It is the sick only who trouble themselves much about their feelings in either respect. In all seasons these complain periodically

of “chills” and “heats.” *Chrono*-metrically and *Thermo*-metrically the healthy man is all right. In him we behold an epitome or embodiment of every great system in nature. The entire system of his frame, like the entire frame-work of creation, is a veritable CHRONO-THERMAL SYSTEM ! In this, at least, there is no mistake ; there can be no quackery here ; for the man who comes up to *Time* (Chronos) in all the acts of life, and who, during every season of the year, preserves throughout his body a sense of equable *Temperature* (Therma), requires no doctor to regulate what already is regular in all its actions. Attention to TIME and attention to TEMPERATURE must, therefore, be the object and aim of all rational medicine when such a man becomes sick, call his disorder by what name we please. Can such a system of medicine be learnt by the anatomist in the dissecting-room ? or by the mere chemist in his laboratory ? No ! It is to the living Brain and Nerves—to the *cerebro-nervous* system—that source of all motion and emotion, the practitioner who would regulate either the temperature or the time of the disordered living man must direct his chief attention. The physicians of India and China, who never open a dead body, and who know nothing of chemistry, at this very hour practise medicine with a success that might greatly astonish some of the most accomplished anatomical and chemical professors of this country.

In all places, simples have preceded science in the practice of the Healing Art. By very simple means, for example, a Peruvian peasant accidentally cured himself of a disease, to the reiterated paroxysms of which, in defiance of the best medical advice of this country, the stalwart Cromwell was forced to succumb. Before the introduction of the Peruvian bark by the Jesuits, thousands of our countrymen annually perished by Cromwell's disease—the AGUE,—fell victims, in a word, to the physician's ignorance of the very nature of Intermittent Fever. The rapidity even with which the bark can in most cases put an end to the paroxysms of that complaint, instead of being a recommendation, in the first instance greatly retarded the success, of the new remedy with the majority of the profession, who, being paid for *time* instead of for *talent*—how long will such a system continue?—naturally opposed it with all the vehemence of bigotry, and all the virulence of self-interest. The London physicians with their associated satellites the apothecaries, and their hirelings the nurse-tenders, then as now all acting in the closest collusion, were not ashamed secretly to whisper away the characters of such of their brethren as dared to adopt it in practice. And what could be easier? *Les absents ont toujours tort*—a truth I have had amply verified in my own person! A generation of doctors had to pass away before the Jesuits' bark—that “invention of the devil”—fully established itself as a cure for Inter-

mittent Fever. But, with all their science, and with all their search, the professors of Europe had never been able to explain how a disorder involving—as the Ague confessedly does involve—*every organ and atom* of the body, should yield to a vegetable principle, at first sight so apparently powerless and inert. Nor did their discovery even of the active element of the bark, *Quinine*, enable them to give anything like a satisfactory explanation either of the mode of action of the remedy, or the nature of the disease which it cured. It was reserved for the present writer to explain both. In the phenomena of the Ague-fit—in the paroxysm of Intermittent Fever—I discovered not only the *type* of all fitful complaints, but the type of every other known *form* of disease; while in the Electrical action of the Peruvian bark on the *Brain and Nervous System*, in the cure of that particular convulsion, I found a key to the true mode of action of all remedial means.

Abstractedly speaking, there is but one Health and one Disease!

Many and various, it is true, are the supposed *partial* complaints which medical men usually term “local disorders;” but, strictly speaking, local disorders are so rare that, with the exception of a few mechanical diseases, I scarcely know a so-called local complaint that I have not myself cured by constitutional internal means. The merit of having been the first to show that the greater number of so-called local diseases



gradually grow out of a great *antecedent*, though sometimes *coincident*, febrile CONSTITUTIONAL WRONG, I distinctly claim as mine. When carefully watched, the origin of every such constitutional disturbance, *whatever be its cause or causes*, may, in every case, like the ague-fit, be readily traced to the brain and nerves. Moreover, when analyzed, like that disease, every kind of constitutional disturbance, whether of the “circulating or nervous system,” or both, will be found to resolve itself into an aguish or febrile movement of every organ and atom of the entire body, —intermittent and fitful like the ague, and, like it, attended with alternations of temperature and other phenomena, all more or less *periodic* in their character. In Disease, as in Health, every animal body, I maintain, betrays this tendency to remit, repeat, and keep time. Were not the greater number of human complaints of this intermittently febrile or true constitutional kind, how could bark or iron, internally administered, cure such complaints as “diseases of the joints and spine,”—to say nothing of tic, tooth-ache, tumours, and eruptions? The greatly altered treatment of one and all of these various diseases, within the last few years, is itself a proof of the magnitude of the revolution the Chrono-Thermal doctrine has already effected in the opinions and practice of medical men all through the country. Since its first announcement in 1836, there is scarcely a curable disorder—name it



how you please—that has not, even in the hands of others, in numberless instances, yielded to Iron or Bark. The admission of this one fact not only stamps the UNITY OF DISEASE as a truth, but establishes beyond question the unity of action of all medicinal forces on the brain and nerves. All but ignoring the existence of the nervous system, the majority of physicians, from the time of Harvey to the present, have ascribed the chief efficacy of remedies to their influence on the “circulation.” The discovery of the Circulation of the Blood, incredible as it may seem, has hitherto rather tended to retard than to assist the progress of the Healing Art. Dazzled by the brilliancy of that discovery, medical writers, during the last two centuries, have made the circulation and its apparatus the all but exclusive object of their reasonings on disease. The phrases, “rush of blood to the head,” “pressure on the brain,” “plethora,” “congestion,” &c., are the still existing relics of this curious misapplication of a great physiological truth; and hence, to a certain extent, the continuance to the present day of the false and fatal sanguinary practice. Slurring over in their medical reasonings all mention of the brain and nerves, the majority of professors either could not or would not see that the Heart, to whose motions they so exclusively directed attention, is a mere circulator of the material of repair, and liable, like every other organ of the body, to be disturbed by whatever disturbs the

sentient nervous system. Not the movements of the Heart only, but the very constitution and vitality of the Blood itself depend on the condition of the Brain and Nerves—the pulse, whatever the doctors may think or say to the contrary, playing a very secondary part in the phenomena of disease! The Cerebro-nervous system is the great telegraphic system of the body. The Head is the chief electric station, the whole managing influence being concentrated in the Brain. Not an organ of the frame can change its motion, nor an atom change its place, whether beneficially or otherwise, without the cognizance of one or more portions of the *sentient* cerebral mass; while the Nerves, lightning-like in their action, are so many electric wires by which the all-dominating Brain transmits and receives impressions to and from the most distant parts of the economy. Through this brain, and through these nerves only, can *morbid* impressions be made on the body; and upon this brain, and upon these nerves also, in the first instance must Bark, Iron, and every other remedial force act before they can possibly produce a *salutary* influence in any kind of disease. The cause of *cure*, like the cause of *disease*, must be *perceived* by the sensorium before it can tell on any part of the frame. If the Brain and Nerves—as is indisputable—constitute the sole *sensific*, the sole perceptive system of the body, how can any agency, salutary or the reverse, influence the frame without being first perceived by this *cerebro-nervous*

sensorium? Here, then, must be the beginning of all medicinal agency. Here, too, is the seat and source of the passions, which play such an important part in the human constitution. By inducing, like the Passions, a new revolution of the Brain, a new movement of the cerebral atoms, Bark, Iron, &c., tell on the various Nerves of the body—not mechanically or chemically, but *electrically*;—and like every electrical agent all medicines *may*, in different bodies, have a totally different action—an action of attraction, or an action of repulsion; hence their difference of effect on different constitutions, even in the same diseases! A similar difference of result, beneficial in one instance, baneful in another, may be observed in the case of the passions as in the case of medicines. Lives there the practical physician who will deny the possibility of any kind of constitutional disease being caused or cured by a revolution of the Brain through any one of the passions or emotions? The very fact of a mental emotion curing or causing any given form of disease, at once stamps that particular disease at least as a true constitutional complaint. I scarcely know a disorder that has not been *caused*, and in numerous instances *cured*, in this manner. Gout, tic, toothache, palsy, epilepsy, fever, ague, melancholia, mania, have all, in my experience, been caused and cured by mental impressions. These diseases, one and all, then, are febrile diseases. What is mania but a chronic delirious fever? and its “lucid intervals” but

mere *intermissions* between the paroxysms of a fever, which so many of the mad doctors continue to this hour to mistreat by leeching, purging, setons, issues, &c., precisely as Sir B. Brodie for thirty years mistreated diseases of the Joints and Spine! A fit of mania is as common a saying as a fit of the ague; and few of the laity, at least, who, like myself, have seen the maniac with aguish cheek or flushed forehead, will demur to the explanation I have here given of this particular disease. A fit of palsy, a fit of gout, a fit of rheumatism, a fit of colic—nay, a fit of the stone, were expressions in everybody's mouth long before "the malaria from the wood pavement induced all diseases to take on the periodic type!" Equally fitful are the greater number of human diseases. Yet not till the year 1850, did Sir B. Brodie for one appear to recognise the "fitful alternations of temperature," the chills and heats which "periodically affect the joints," in the particular diseases on which he had been occupied all his life long. During thirty years, at least, that eminent surgeon was in complete ignorance of the intermittency of the phenomena of joint diseases! But even in 1850 Sir Benjamin Brodie says nothing of the malaria from the wood pavement, which Dr. Copland so gravely assures us has, in London at least, turned the practice both of surgeons and physicians completely topsy-turvey. If we believe what Dr. Copland deliberately stated before the Westminster Medical Society

in 1844, there was no such thing as a general periodicity of disease till 1826 or '27. Before '26 or '27 that distinguished medical writer will have it the greater number of diseases were "continuous" and "inflammatory." Therefore, according to Dr. Copland, bleeding, repeated and re-repeated even to the point of death, was, in chest disease more particularly—till this epoch—the *sine qua non* of remedies. Then, too, according to him, for the first time "quinine" and "bark" required to be substituted for bleeding in the diseases of that cavity. Why did Dr. Copland delay till 1844 to announce his discovery of that "fact?" I have already shown the prevalence of the sanguinary treatment in 1836, when I first took up my pen to denounce it in every and all of its forms. For my "mad opposition" to what the doctors then called the "right arm of practice," I was for years afterwards held up to supreme ridicule. The tables have turned since then. Finding the stream at last to run in a contrary direction, certain of the London apothecaries, with their usual astuteness, now have the impudence to maintain that they themselves actually anticipated me in the anti-sanguinary movement! If that be true, how came Dr. Watson—their own "great authority," the man they call in on all occasions—even so late as 1845, to recommend, in his "Practice of Physic," bleeding, leeching, and cupping for almost all complaints?

What, for example, is Dr. Watson's practice in

Apoplexy, as it appears in his work of 1845? Having first, on the false theory of "pressure on the brain" drawn off by "*a large bleeding*"—I quote his own words—and by "cupping from the temples, or the nape of the neck," as much of an old man's vital fluid as, by hook or by crook, he can get without slaying the patient outright, Dr. Watson at once proceeds to put him on "very short commons." Here, of course, he rests on his oars? No such thing! Not content with thus pouring out the life-blood of an aged person, and by "very short commons" stopping every chance of the reproduction of his vital fluid—that fluid without which it is impossible to repair a ruptured blood-vessel, supposing that to be the cause, or a ruptured anything else—the worthy doctor has yet other most excellent measures in store. Dr. Watson's next move is to give "aperient medicine two or three times a-day." This, he tells us, he does "in all cases" of apoplexy. How long an aged person can be kept above ground while undergoing this discipline, Dr. Watson does not think it at all necessary to say; but in "young and strong persons" his practice in apoplexy is not yet complete—so, at least, he tells us—till he has further blistered and placed the subject of it under the benign influence of mercurial salivation! Having first, with the most exemplary diligence, drawn away the life-blood of a person of "advanced age," as you would draw away beer from an old barrel, his next step is to

diminish the usual *incrementitious* supply by “very short commons,” that he may, with the less compunction, multiply the normal *excrementitious* act of one a-day by the simple rule-of-three! Yes; in order that the patient may be kept “very quiet,”—I quote the Doctor’s own words—Dr. Watson bleedshim, cups him, gives him aperient medicine twice or thrice a-day, puts him on “very short commons,” and, “if young and strong,” blisters and salivates him into the bargain! By which procedure, you here see how, to a mathematical certainty, a great London physician may, without any scandal, transmute the elements of the yet living organism of his patient’s body to *guano* simply. Were this Dr. Watson’s avowed object, how could he possibly improve the treatment? What better recipe could he give than this for reducing an honest man’s flesh and blood to manure? Reader, what would you think of a merchant who should first get rid of a great part of his capital, and then, upon a diminished income, multiply his expenditure two or three fold? Such is the plan of cure recommended by Dr. Watson. Yet it is but just to him to say, that he is not alone in this practice. Dr. Watson is only the type of a class of practitioners who think all this “killing no murder.” People there are, nevertheless, who will call it madness, at least—madness with a method in it. “Ignorant and impatient sick, or their friends,” as Dr. Watson himself tells us, will some-



times think this practice wrong from beginning to end, and wish to try, instead, "strengthening food by meat and drink," "tonic medicines," and other "foolish" remedies. But what can "ignorant and impatient sick, or their friends," know about physic and anatomy? Ah, if ignorant people only knew half as much about their own living bodies, as many of them know about two dead tongues—Greek and Latin—the doctors of the school, of which Dr. Watson is the type, would very shortly be compelled to dine off one, at least, of their own favourite remedies for Apoplexy—"very short commons." Strange that men should busy themselves with almost everything in nature but their own bodies. Nearly all bodies but their own are, more or less, familiar to most people; that is the reason why chemistry, astronomy, geography, &c., have progressed, while physic, for three thousand years at least, has scarcely advanced a step. People who will even discuss theology with you all day long—who will dispute and wrangle about what is to be done with their immortal souls in the world to come—in this particular world will leave their poor mortal parts, without scruple, to the doctor and his confederate, the apothecary, to mangle and mistreat as they please.

Can Apoplexy be successfully treated without blood-letting? Dr. Todd, at least, who like Dr. Watson, was till lately one of the professors of King's College, in com-



plete opposition to his quondam colleague, denounces the bleeding system in this disease! "Let me add," says Dr. Todd, "that it sometimes requires the exercise of no small amount of courage and self-possession to resist adopting that practice; for the popular feeling led by the prevalent medical practice, is entirely in favour of it, and would readily condemn a practitioner as guilty of the death of his patient who suffered him to die unbled."

Thus in Apoplexy, as in Pneumonia, Dr. Todd, again without acknowledgment, adopts, in 1850, the practice I first publicly inculcated in 1836.

Having seen how Dr. Watson, the "great authority" of the London doctors, treated, or rather mistreated, Apoplexy as late as 1845, turn we now from that disease of "advanced age" to Dr. Watson's practice in "Infantile Disorders" at the same epoch. Take the case, for example, of an infant suffering from "Water on the Brain:"—Dr. Watson begins with this very proper caution—"We must bear in mind that our patients are children, and, for the most part, weakly or *scrofulous* children." In such a case, what sanc man would advise antiphlogistic remedies?—This is Dr. Watson's plan:—"If the child be *feverish* [which it is sure to be] there can be no doubt about the propriety of *abstracting blood*." "We may apply three leeches to a *strong* infant of six months"—in a disease affecting, "for the mostpart, *weakly* or *scrofulous* children"! "Six

*ounces* [of blood] drawn from a vein is a full bleeding for a child five or six years old." "Next in rank come *purgatives*"—the best, according to Dr. Watson, being "*Calomel* and jalap, or calomel and scammony." "In the later stages *blisters* are of good service." What, by Dr. Watson's own account, is the result of this model practice?—"Taking the average, we have 76 instances of the disease and 19 *recoveries*—exactly 1 in 4. The cases in which the recoveries took place were mostly those in which antiphlogistic measures were adopted *early*."—Mostly those ! magnificent proportion—*three* deaths out of every *four* ! And yet, so enamoured is Dr. Watson of the antiphlogistic practice, he thinks it right to caution his readers "against trying now this and now the other remedy, because it is *new*, or because some persons have been wonderfully successful with it !" The "*remissions*" common to all constitutional complaints, observable in Water on the Brain, Dr. Watson stigmatizes as "deceitful appearances of amendment, and even of *convalescence*. The child *regains the use of its senses*, recognises those about him again, appears to its anxious parents to be recovering—but in a day or two relapses into a state of deeper coma [insensibility] than before — and these *fallacious* symptoms of improvement may occur more than once." Ah ! Dr. Watson, did you and the miserable clique who cry you up as a great physician, only know the value of these "fallacious symptoms," how easily, with a

grain or two of *Quinine*, might you prolong to a cure those Heaven-sent *intermissions*, which, by your own showing, frequently last for days together! What must be the state of Physic in England when a man who should write as Dr. Watson has written, on Apoplexy and Hydrocephalus, actually enjoys the reputation of being the first physician of the Metropolis!—Reader, there are wheels within wheels here, which make it an absolute impossibility for the “race to be to the swift,” or the “battle to be to the strong,” or “riches to be to men of understanding” in the medical profession—as *now* constituted! The *why* and *wherefore* of this will come out in proper time.

To clear away a given folly, in a country like England, is too often unfortunately only to make room for some other folly equally egregious. This has ever been the case with medicine. Just as a considerable number of physicians had come to adopt my own views of the true constitutional origin of diseases, a class of doctors sprang up who will have it that, in the majority of *female* complaints, at least, there must ever be more or less of *local* wrong, which no possible constitutional treatment can cure! Whispering mysteriously the words “engorgement” and “enlargement” “ulceration of the *os*,” “changes of position” and “misposition,” “version” and “retroversion”—phrases which, till very recently, were never heard in an English sick-room—these people straightway proceed, with spe-

culum, caustic, and other shocking appliances, to perform their beastly operations—operations dangerous alike to the moral and to the physical well-being of their patients. Men of England! if you only knew what your wives and daughters *needlessly*—mark that word!—needlessly experience at the hands of those quacks, your brows would burn with shame and indignation. How such brutality as these creatures practise ever came to pollute our shores, is one of the miracles of the times. A proper feeling in the minds of our women should have preserved them from the humiliation and torture to which they have been subjected; while Englishmen of all ranks should have united, long ere this, to expel from the land the sordid wretches who first introduced the grossness and indecency of the hospitals of Paris to the houses and hearths of a too confiding people!

A terrible error prevails at this moment in the minds of the English public—the error of trusting to persons who write books on “particular diseases.” To a man, these “specialty” doctors, as they call themselves, are generally little better than exceedingly specious charlatans who mystify and mistreat their victims for their own special benefit. If apoplexy and epilepsy, palsy and mania, can, like fever and ague, be *caused* by impressions affecting any of the nerves of the body, even the most distant from what is called the “seat of the disease”—the nerves of the skin or intestines, for

example—why may not one and all of them be *cured* by remedies acting through the same nerves on the general constitution? By such remedies only *can* the majority of these diseases in reality be cured. Not one of these complaints will yield to mere local measures. Local measures—especially the local measures employed by the specialists—more generally aggravate than ameliorate the case—procrastinate instead of quicken the cure. Pity it is that nothing short of a long illness pays! In the decline of the Roman Empire there was a doctor for every part of the body; the fingers and toes had each their separate doctor! We have nearly come to that pass here. A universal medical corruption reigns at this moment in England. There is no hope—there can be no hope for the sick, till the sane and sound awake from their lethargy, till the laity learn to know and think for themselves!

The present routine treatment of Palsy by leeches, blisters, setons, and issues, is a mistake throughout; the present routine treatment of Apoplexy and Epilepsy by the same painful and loathsome means, is also a complete mistake; the present routine treatment of diseases of the Chest—heart and lung disorders, for example—is, with a few exceptions, a series of mistakes. Almost every measure advocated by the writers on these “specialties” aggravates the disorder. If, in the case of “diseases of the joints and spine,” quinine and iron can cure these so-called local diseases,

why may not the same remedies be employed with equal benefit in palsy, apoplexy, and diseases of the chest? In my own hands numerous cases of each and all of these diseases have yielded like magic to each. Cases innumerable could I give here of cures of palsy, apoplexy, and chest disease, by quinine, iron and other purely *febrifuge* means. Just look at the result of the usual sanguinary measures in palsy, epilepsy, and apoplexy!—death, or worse than death—sufferings mental and physical, for which death is a happy relief. By curing the fever—the fitful, repetitive constitutional fever, which originates and keeps up every one of these affections—every one of them may be more or less ameliorated. Beware of the localist men—the “specialty” doctors! For upwards of thirty years of his life, Sir Benjamin Brodie was a “specialty” doctor. All that time his practice—in his own specialty, diseases of the joints and spine—was a most fatal mistake; but all that time neither he nor his patients ever found it out. There are a great many men who now make similar mistakes in their own particular specialties, and *they* are *not* yet found out—possibly never may be found out—by their *patients*, at least. I allude more particularly here to the “kidney” doctors, and to those who, like Dr. Golding Bird, Dr. Bright, and others, treat gout, dropsy, diabetes, &c.—diseases which can be set up and cured through *the brain*, by the passions and emotions—with acids and alkalis, on what they call

“chemical principles.” These complaints, like every other purely constitutional disease, being the unquestionable *developments* of a great general remittent febrile or nervous disorder, can only be successfully treated by bark, iron, and other remedies, which like the passions and emotions influence the all-dominant nervous system—not in a chemical, but in an *electrical* manner!—Deductions drawn from the *destructive* chemistry of the inorganic crucible, are utterly inapplicable to the *conservative* chemistry of the organic living body. So at least declared the late Sir Astley Cooper, who, like myself, had a thorough contempt for the chemical doctors.\* Every measure these people recommend in what they call their own “specialties” is a mistake—witnessed by the worse than nugatory results of their remedies in the diseases they pretend to treat on “chemical principles!” But what of that? The more blunders these practitioners make, the better the case pays; so long, at least, as the world will reward the doctor, like the lawyer, most highly for—procrastination!

In the forthcoming month of September of this present year, 1853, exactly seventeen years will have passed since I first announced to the medical world the possi-

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\* “Dear Sir,—I thank you most sincerely for your valuable work [the *UNITY OF DISEASE*]. I have not the least objection to being un-chemical, if I can be useful; and I agree with you that the living stomach is not a Wedgewood mortar.

Yours truly,

“ASTLEY COOPER.”

“Dr. Dickson.”



bility of treating very successfully all curable diseases without loss of blood. To the Profession that “fact” was at first inconceivable. Statistics are now with me. We have now certain statistics in two diseases at least, which even at this time numbers of very honest men will not believe can be successfully treated without blood-letting—Apoplexy and Pneumonia—Apoplexy and Inflammation of the Chest. What say the statistics of Apoplexy? Dr. Copeman transcribes from his note book no less than 250 cases. The following are the results:—

Number bled .....	129 .....	Cured ....	51 .....	Died ....	78
Number <i>not</i> bled ...	26 .....	Cured ....	18 .....	Died ....	8

Which show that in cases where bleeding was practised, two out of three died; whereas in the cases treated without blood-letting, more than two out of three recovered!

How speak Statistics in Pneumonia? Disgusted with the fatal result of bleeding and tartar emetic in this remittent inflammatory fever of the chest, Dr. Dietl, physician to one of the district hospitals of Vienna, determined to try simple ptisans, without blood-letting at all. The comparative results in a very large practice, were the following:—Of patients bled, 20 and a fraction out of every 100 died; of patients not bled, only 7 and a fraction per cent. gave up the ghost; showing a balance of three to one against blood-letting! But



when treated after my own manner, with febrifuge remedies instead of ptisans, Pneumonia will be found to exhibit results even more satisfactory than those of Dr. Dietl; and when chrono-thermally treated, Apoplexy also will assuredly give a greater per centage of recoveries than what we find in the statistics of Dr. Copeman, where bleeding was not employed.

The first English physician who in his writings adopted the peculiar views of disease and its treatment first propounded by myself in 1836, was Dr.—now Sir Henry—Holland, Physician to the Queen. In 1839, Sir Henry published his *Medical Notes and Reflections*, in which he not only advocated the Unity, Intermittency, and Periodicity of all disease, but wrote strongly against the depletory system of treatment in Apoplexy. The Court physician, like the Court surgeon, had his own reasons doubtless for omitting all notice of my own prior discoveries in this field. Nor, according to my view of the case, did he act very honourably when taxed for want of candour in that respect. Elsewhere I have published a letter, in which the medical baronet not only very humbly deprecates “controversial *publicity*,” but to stop my pen, *privately* makes the important admission that *his* views of the unity, intermittency, and periodicity of disease are one and all “subservient” to my own “larger conclusions.” But when pressed to tell where he got his new ideas, he said he took them from “amid old notes.” Old

notes! By whom and from whom were these old notes taken? Sir Henry does not say. "Without expressing any opinion on the general doctrine you propose"—[his doctrine and mine being one and identical!]"—"it gives me pleasure to know" (he writes), "that you find anything of truth or useful suggestion [!] in what I have published." And he hopes I shall be "satisfied on these points." With such an "explanation" I am of course satisfied—that—he,—Sir Henry Holland,—is not the only man in the profession who has shown a natural turn for—*philosophic abstraction!* Fragmentally, at least, the chrono-thermal theory of disease and its treatment has been adopted and pirated by many subsequent writers—Drs. Laycock, Searle, Forbes, Todd, Radcliffe, Ashburner, Marshall Hall, Sir B. Brodie, and others, having all, without acknowledgment, made a common property of my discoveries in particular diseases. But no medical writer has yet exceeded in audacity a certain Dr. Robert Dundas, of Liverpool, who, in 1852—mark the date, reader!—published a work which he entitles, "Sketches of Brazil, including *New Views* of Tropical and European Fever." In 1852 thus writes Dr. Robert Dundas:—

"I have *lately* looked attentively into the writings of the best modern authorities on the subject of FEVER. Here I find the various forms and the succession of the paroxysms in remittent and intermittent fever defined with a mathematical precision unfounded in nature,

and showing that the writers [the “best modern authorities!”] had not enjoyed the opportunity of observing these diseases as they actually prevail in different regions of the globe.” “I would ask whether, irrespective of all other evidence, the specific power exercised by proper doses of *Quinine* [the active ingredient of the Peruvian bark] over all these several forms of Fever does not afford conclusive proof that, in their essential nature, *these fevers are IDENTICAL, and differ only in form and degree?*”

From 1836 to the present hour, this “new” doctrine of Dr. Robert Dundas has been my own doctrine, over and over again reiterated in every publication to which I have placed my name. More particularly is it enforced in “*The Unity of Disease*,” and “*The Fallacies of the Faculty*”—which latter work has run through at least twenty editions. But to continue our quotations:—

“I apprehend, indeed, that the law of *periodicity*, or the disposition to remission and exacerbations at certain intervals, will *be found to apply more or less distinctly to all human diseases*—[the italics here are Dr. Dundas’s own], to those arising in the most opposite conditions of the animal economy, and determined by morbid agents apparently the most dissimilar and opposite in their nature as well as in their results.”

By way of confirmation of these “new views,” Dr.

Dundas, in the same page, commences in capital letters a "Parallel between Gout and Ague," which parallel the reader, on turning to the "Fallacy of Physic," published in 1836, will find anticipated to the letter!

"Behold," Dr. Dundas exclaims, "the citizen, flushed and rubicund, groaning under a regular paroxysm of inflammatory gout; the peasant with his sallow Hippocratic face and attenuated frame, shivering in the horrors of a paroxysm of ague. Observe them again in a few hours; both are restored apparently, and but apparently, to their ordinary health, to undergo, after a brief space, a repetition of their previous sufferings, followed by another remission. Here clearly is periodicity as distinct and well-marked in the gorged and gouty alderman as in the half-starved, aguish peasant. But it may be urged that the analogy is incomplete; that gout exhibits only a *re*-mission, the ague an *inter*-mission. I deny the truth of both propositions, at least so far as relates to the distinction attempted to be established between remission in the one case, and intermission in the other. The term intermission (cessation or suspension of the disease), in fact, applies correctly to neither. The animal economy does not return to its healthy condition during the interval between the paroxysms of an intermittent fever, as must be admitted by every observer who has watched its progress attentively, or who, like myself, has been the subject of an attack. The same holds

good in gout. In both diseases, the interval between the paroxysms is marked by certain feelings of *malaise*, irritability, depression of vital power, and derangement of the secretions, as truly indicative of morbid disturbance, as the throbbing toe, the icy chill, or burning temples. Thus, then, we perceive that in regular gout, a disease to which few will be disposed to assign a *malarious* origin [my own identical words !] the law of periodicity applies no less closely than it does to ague."

"There is a homogeneity [unity], if the expression be permitted, in the laws of disease, of which we are *just now beginning* to enjoy the *first glimpses*, and although it would be too much to allege that fever and inflammation are but one and the same morbid action, greatly diversified, no doubt, through the influence of numerous concurrent circumstances, we nevertheless know that the theory of the day which rendered a special reason of the proximate cause of the *one*, was deemed to be equally illustrative and explanatory of the other. The phenomena of fever, as specially distinguished from inflammation, are, I am disposed to believe, *essentially one and the same*; the *simplest expression* of that morbid action being delineated, in the paroxysm of an Ague, in the succession of its three stages—the hot, cold, and sweating; and assuming, under certain circumstances of climate, constitution, modes of living, &c., the various forms of typhus fever, plague, remit-

tent fever, yellow fever, and all the subordinate varieties of fever denominated *essential* by the French school."

I could here quote numerous other passages, equally illustrative of Dr. Dundas's "new views" of the constitutional origin and febrile nature of the generality of so-called "local diseases," and of the value of "quinine" in their treatment; but I have only space for the following quotation from his preface. With this I shall conclude my extracts from Dr. Dundas's book:—

"The author is well aware that these opinions are in direct opposition to those held by the profession, and he has therefore clearly and briefly submitted the chief evidence on which, against his own personal convictions, he was first led to doubt, and finally to reject, *doctrines* sanctioned, as it were, by the greatest names in ancient and modern medicine. As to the rest, the author cares only for the truth."

In that case, I will ask "the author" a question or two. Did or did not Dr. Dundas, twelve months, at least, before he published his book on Brazil containing these "new views," read the "Fallacies of the Faculty?"—and, having read it, did he or did he not return the volume to the gentleman who lent it to him, "with his compliments, and he was greatly pleased with its contents?" These "new views," according to Dr. Dundas, are the result of his own unassisted observations and reflections during "many years, and in many lands." Yet, when one and all of them present themselves

to his astonished vision in the pages of a prior writer, so faint and feeble is Dr. Dundas's memory, that forgetting he has ever before seen them, he rushes soon after into print, and all but verbatim copying my sentences walks away with the sum and substance of a discovery which, if it has hitherto been a source of more gloom than gladness to myself, will not, I feel assured, be to the Liverpool physician a theme for any very lasting glory! East, west, north, and south, I have asked what the world thinks of this would-be martyr to science—DR. ROBERT DUNDAS? East, west, north, and south, Echo has answered—indignantly answered—ROB-BER DUNDAS!"\*

That a great revolution has taken place of late years in medical practice and opinion, is undeniable. To what is this revolution owing? To the "more enlarged experience" of medical men themselves? To "the malaria from the wood pavement?" To "tea and potatoes?" To "the cholera?" or—To the Chronothermal discovery, thus unblushingly plagiarised by doctors of all ranks and conditions, from the highest to the humblest? Denied and decried in the first instance, the influence of the new system on the minds of the medical men of this country has already produced the most important results. Homœopathists and Allopathists alike surreptitiously profit by it in



practice ;—and not the least is it imitated by some who still continue to deride it ! Few, however, even among these would appear to have the requisite talent—it may be the requisite honesty—to carry out the Chrono-Thermal principle to its legitimate extent. Whether from ignorance of the proper method of cure—or for the more lucrative purpose of procrastination—the medical people generally seem to have adopted a kind of compromise between some of the least destructive measures of the old practice and some of the more prominent features of my own doctrine. Even this spurious Chrono-Thermalism is a mighty improvement on the practice of the past ! General blood-letting, at least, is now all but discontinued—but much bad treatment still remains. Starvation and purgation are still more or less prescribed in the first instance by the greater number of practitioners ; who do not adopt till a later period of the case what I invariably begin with—quinine, iron, and other remedies, that have a favourable influence in FEVER, without in any way lessening the material of repair. Nor do such practitioners always use those more conservative agents to good advantage. Witness Sir B. Brodie, who in his last publication advises in the greater number of joint and spinal cases, aperient medicines and a course of iron “for two or three years !” Were painters like medical men, to be paid by the number of visits instead of for the picture (or case), what a



tedious affair would be the sitting for a portrait! Silly, simple, Mr. John Bull, do you take your doctors and surgeons to be angels that you thus bribe them to mistreat you? How can you expect your apothecary to call in a physician to cure you speedily, if you make it the sole object of both to keep you in their clutches as long as they possibly can, by every art of chicane and collusion? The last man in the world your ordinary medical attendant would allow to enter your room, as things are now managed, would be a physician who, to the “detriment of science”—shop!—should show even the wish to shorten that worthy’s professional bill by *your* too quick cure. Not where his reputation is concerned? No! The reputation of a physician does not depend upon his cures! The reputation of a physician depends on his power to assist the apothecary in securing the greatest number of victims, and on his authoritative support of his measures throughout a long and lucrative attendance! Medical reputation, with the surgeon-apothecary is one thing, and with the patient another. So far as the sick are concerned, modern medical reputation is a mere bubble. In one day the general practitioners of any town in England, by their collusive breath, can, and constantly do, make the greatest rogue or fool in the place figure as the greatest physician;—and thus it is in physic as in fermentation, the scum of necessity *must* rise to the top!

If such be one of the many obstacles to a proper

appreciation of any great medical truth in England, it is some consolation to discoverers to know that things have not yet come to quite the same pass in other countries. In the United States of America the Chrono-Thermal system, on its first promulgation there, as I expected, met with a very considerable opposition. A truly scientific system of medicine that could do without blood-letting was a thing unheard of. Equally unheard of was the Periodicity of all disease. In a review of the *Fallacies of the Faculty*, the editor of the *New York Medical and Surgical Journal* thus opened the battle: "That a mode of treatment—Blood-letting—that has been in use from the most remote antiquity; that has, as it were, by intuition or instinct been employed by uncivilized nations for the relief of various maladies; whose benefits have been acknowledged by all medical writers and all accurate observers of every age; which still maintains its ground against the cavils of the *interested* [the patients have an interest!] and the prejudices of the *ignorant* [whom I have instructed];—that such a remedy is now to be cried down and banished from the world by *such a book as this* is almost as probable as that sickness is about to disappear from the earth!"

Reader! only think of the latter probability! How near must be its accomplishment, when in a recent number of the same journal, from which I extract this diatribe, we actually *now* read the announcement that

"Bleeding is not a remedy at all!" The American doctors, like certain doctors nearer our own doors, begin now to question the value of Blood-letting, even in Apoplexy and Inflammation of the Chest. So much for this once-vaunted remedy, which the London apothecaries tell their patients, not I, but they, have put down!

But I must now let my readers see what certain American writers said at first on those equally important points of my doctrine—Periodicity, Temperature, and Type. In his December number for 1845, the Editor of the *Boston Medical and Surgical Journal* tells his readers, "after devoting more time to Dr. Dickson's book than we originally intended, we can conscientiously say that, in the treatment of disease we find nothing new *except* the banishment of Blood-letting, blisters, setons, issues, &c." Which assertion the writer immediately stultifies by his declaration that the "Unity and universality of all diseases is the very doctrine which Dr. John Brown taught forty years ago—embracing *all* the theory of Dr. Dickson *except* [except!] his Periodicity, Temperature, and Type!"—"And these," the Editor complacently adds, "will, ere long, be settled as sheer humbuggery!" Begging Mr. Editor's pardon, he is mistaken both in his fact and in his assumption. Instead of the Unity and Universality, Dr. John Brown actually taught the *Duality* or Diversity of Disease—all disorders, according to him, being either disorders of "Sthenia"—strength, or

“Asthenia”—weakness. In the first case, Dr. Brown recommended blood-letting and purgation—in the second, brandy and opium! There is not a *resemblance* even in our essential doctrines! Then, so far from Periodicity, Temperature, and Type, as my “Brother Jonathan” prophesies, being *yet*, at least, “settled as sheer humbuggery,” what greater proof could he have of the truth of those *main features* of my discovery than the plagiarisms these pages disclose—plagiarisms by such men as Brodie, Holland, Todd, Marshall Hall, &c.? True, all these doctors are merely Englishmen, and England is not America. True, the Yankees are “pretty considerably acute.” How annoying, then, must it be to my Brother Jonathan when he finds that even on American soil, such is now the high appreciation in which “Dr. Dickson’s quackery” is held, that a College has been actually formed in Philadelphia for the purpose of teaching medicine on Chrono-Thermal principles! At this very hour, in the United States of America, upwards of four hundred practitioners, with those distinguished men Dr. Turner and Dr. Emerson Kent, at their head, openly adopt the writer of these pages for their medical guide. The great people of that great country have anticipated what, I hope, may be the verdict of posterity here. From the Far West I receive by almost every ship that leaves her shores testimonials to the magnitude of my discovery—a discovery that, sooner or later, must take from Medicine

its reproach of centuries. The reader can now decide for himself how far Byron was right when he stigmatized it as the "Destructive Art of Healing."

The following letter requires no comment from me:—

Rhode Island, 13th Feb., 1853.

SAMUEL DICKSON, Esq., M.D.

MY DEAR SIR,

It affords me much pleasure to inform you that, at a meeting of the Board of Corporators and the Faculty of the Penn Medical College of Philadelphia, you were unanimously elected Professor (Emeritus) of the Principles and Practice of Medicine.

In communicating to you the above, believe me, my dear Sir; I only express the feelings of every member of the Faculty of the Penn Medical College of Philadelphia, when I assure you that your acceptance of the position to which you have been so unanimously elected, will be a source of unalloyed pleasure to those whose teachings and practice are only the reflection of those great truths for which we and the world are indebted to the author of "The Fallacies of the Faculty." You will receive, ere long, from the secretary, an official certificate of election, attested by the corporate seal of the college. Wishing you health and long life, and hoping soon to see you face to face,

I am, my dear Doctor,

Most truly and most respectfully yours,

J. EMERSON KENT,

Prof. of Mat. Med. and Gen. Therapeut. in the  
Penn Med. Col. of Philadelphia,  
and Chairman of Com. on Correspondence.

As the PENN MEDICAL COLLEGE is empowered by the Legislature of the State of Pennsylvania to grant degrees in medicine, the English reader may possibly peruse with some interest the first Announcement of an Institution which examines in physic on the principles and practice I have now placed before him.

S. DICKSON.

28, Bolton Street, Piccadilly,  
July, 1853.

# PENN MEDICAL COLLEGE OF PHILADELPHIA.

*Incorporated by the Legislature of the Commonwealth of Pennsylvania, and approved by the Executive, Feb. 2, 1853.*

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## ANNOUNCEMENT.

IN presenting their first Announcement, the Faculty of the Penn Medical College call the attention of their friends, and the friends of progress and truth, to a brief statement of the objects and plan of the Institution, and for which they ask an unprejudiced consideration.

The science of medicine can alone stand upon accurate and attentive observation and the collection of useful facts; but to these must be superadded great discrimination and the closest and most careful reasoning.

By this method Hippocrates, justly styled the Father of Physic, attempted to form medicine into a Science—medicine which he found a mere chaotic mass; and had his successors continued to cultivate the art and science of physic in the same spirit in which he commenced, it would long ere this have become one of the exact sciences, and consequently have commanded the confidence of the public, instead of having merited its distrust.

But, unfortunately, the majority of his successors have not followed the course he marked out; they have almost universally deserted the study of NATURE and NATURE'S LAWS, and devoted themselves with a zeal worthy of a better cause to the discussion of fallacious and extravagant hypotheses. In proof of this assertion, we need only refer to the changing and oft-times contradictory theories which have from time to time prevailed—theories which, however specious on

their promulgation, have been ever superseded by the enunciation of a new but equally fallacious hypothesis.

In further proof of this position, thus speaks the *Dublin Medical Journal*:—

“Assuredly the uncertain and most unsatisfactory art that we call medical science is no science at all, but a mere jumble of inconsistent opinions, of conclusions hastily and often incorrectly drawn, of acts misunderstood or perverted, of comparisons without analogy, of hypotheses without reason, and of theories not only useless, but dangerous.”

To the same point writes the eminent Lugol of Paris:—

“Our want of success in the ordinary means of diagnosing proves that those means are inadequate—that we follow an erroneous course in our investigations.”

The great Majendie thus testifies:—

“Let us no longer wonder at the lamentable want of success which marks our practice, when there is scarcely a sound physiological principle amongst us.”

Whilst Mr. Wakley, the Editor of the London *Lancet*, is compelled to exclaim—

“How little do we know of disease compared with what we have yet to learn! Every day develops new views—teaching us that many of what we before thought *immutable truths* deserved only to be classed with *baseless theories*; yet dazzled with the splendour of great names (authorities), *we adhere to them*. On these theories, which have USURPED THE PLACE OF TRUTH, a system of *routine* or *empirical* practice has grown up—*vacillating, uncertain*, and often *pilotless* in the treatment of disease.”

And what is the result of a practice based upon *such* a system? Let those whose names are most venerated in the profession make answer. The celebrated Rush says—

“We have multiplied diseases—we have done more, we have increased their mortality.”

The illustrious Frank, equally impressed with the same truth, honestly declares, “that thousands are



annually slaughtered in the quiet sick room ;” and Dr. James Johnson, the world-known Editor of the London *Medico-Chirurgical Review*, asserts it as “ his conscientious opinion, founded on long observation and reflection, that if there were not a single physician, surgeon, &c., in the world, there would be less mortality than now prevails.”

And why are these statements, thus made by the most eminent of the old school, a living fact to-day ? Because physicians prescribe from “ baseless theories,” and their practice is necessarily “ uncertain” and “ pilotless,” as declared by Mr. Wakley.

Extracts like the foregoing, proving the fallacy of the present system of medicine, might be multiplied to an almost illimitable extent ; and doubtless these facts led Dr. Paris to say “ the file of every apothecary would furnish a volume of instances where the ingredients of the prescription are fighting together in the dark.”

And do not facts like the above proclaim alike to the public, to students of medicine, and to the liberal portion of the profession, that some radical change in the teachings of the schools is imperatively demanded—a change which shall make the practice of medicine more rational and philosophical, and therefore more successful ?

Medical Collèges have long borne the reproach of a too pertinacious adherence to the dogmas of the past. They have demanded a blind submission to authority, and frowned down all efforts alike of reform and progress. The medical schools have never recognised any discoveries or improvements in the practice of the healing art until compelled to do so either from the accumulated sentiment of the non-professional public, or the inherent power of the great truths which free minds and unshackled men have from time to time proclaimed.

It is not, however, difficult to understand why long-established and “ time-honoured institutions” should



be slow to accept new truths, when it is borne in mind that they are generally first proclaimed by members of the profession whose names are at the time unknown to fame. Relying upon the doctrines and teachings of the past, and the great names which are found upon the pages of their history, professors inculcate unconditional submission thereto;—and because they have attained a reputation, they imagine that no *new* effort is demanded at their hands, save and except an uncompromising hostility to medical progress, an unrelenting persecution of every new truth, and the most bitter denunciation of every improvement in the practice of medicine. Here duty and dignity come into collision; and the latter is a powerful motive for the rejection of new doctrines, the acceptance of which would imply the humbling admission that their prior teachings were imperfect or fallacious.

Whilst the opposition of the established schools to new doctrines has been the occasion for many to denounce the whole science of medicine, it has impressed the public mind with a very general sentiment that medicine has not kept pace with the improvements which have marked the progress of kindred sciences, and has thus prepared the way for the temporary popularity of various and fallacious hypotheses which have assumed the imposing titles of “Systems of Medicine.”

The spirit of the age demands that Medical Colleges should no longer be open to this reproach; and one of the objects of the Penn Medical College is the investigation of *new doctrines*. Its Faculty will fearlessly teach those doctrines and principles which commend themselves to their judgment after close and patient examination, and which stand the trying test of practical and beneficial utility. Hence the doctrines of the past will not be venerated because of their antiquity; the systems of the past will not be received as truths on a blind faith in authorities; nor, on the other hand, will new doctrines be promulgated because of their novelty,

or without the most scrutinising examination. *Fearless* and *free investigation* will be inscribed over the portals of the Penn College, and PROGRESS will ever be the motto upon its banners.

It will not be denied, that while the number of practitioners of medicine is annually increasing, the confidence of the public *in the practice of medicine* is about in the same ratio declining. And why has this fact existence? It is not because the integrity of the physician is called in question, but because there is a very wide-spread doubt as to the soundness and efficiency of the medical education he has received.

In Religion and Philosophy the gravest errors continued for years to exist, and to be received as the height of sublimity and reason in our Universities and Schools; and when those errors were made apparent, the schoolmen were the last to admit the fact. The same is now more than suspected to be the case with medicine. To alter the constitution of the corporations would afford no remedy for such a state of things in the schools; for in the latter, and in the Hospitals, Clinical Medicine is alone taught. Medical Reform, therefore, must begin here,—must inquire whether the so-called *science* of our professors and teachers be fact or fiction; be a harmonious *whole*, or merely a collection of contradictory dogmas handed down, without examination, from year to year. The time has for ever passed when the teachers of any science can be permitted, as they once did, to—

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“Creep  
 Profoundly trifling,—profitlessly deep,—  
 Treading the steps their sires before them trod—  
 The Past their Heaven,—Antiquity their God!”

Antiquity in time is infancy in medicine. The inadequacy of the present system and practice of medicine to attain the ends it professes to accomplish, may be inferred from the daily increasing number of the educated laity who prefer the uneducated practitioner to the regularly-bred medical man; to say nothing of the

many professional men who openly espouse systems and treatment completely at variance with what is called the "established system of medicine." How could these anomalies have existence if *Truth* and *Philosophy* were really taught in our schools; if the doctrines so eloquently insisted upon by medical professors were the indisputable deduction of reason and experience? The public mind looks more at results than oratory, and is more interested in numerical cures than in fervid eloquence. Hitherto the medicine of the United States has been principally studied in the dissecting room; the human body has been taken to pieces and hair-split in all its parts, while its *debris*, in every stage of corruption, have been subjected to analysis in the laboratory of the chemist. And to what purpose? Echo, alone, faintly answers to what purpose!—The time has fully come when the body of man must be viewed as a *living whole*; when the study of the elements of its preservation must take precedence of discussion on its *post-mortem* appearances; when a correct knowledge of the agencies which beneficially influence the *living*, must be considered of more importance to humanity than the results of those which decompose the dead. We must cease to argue of the *end* as if it were the beginning,—an error which has misled all the schools even to the present hour.

The Faculty of the Penn Medical College believe in the Unity of ALL Diseases as characterised by Intermittency and Periodicity;—a principle to be distinctly avowed and sustained as a fundamental principle in medical science; a principle first suggested by Hippocrates more than twenty-three centuries ago; a living principle in harmony with the harmonies of nature, and without the acknowledgment of which no system of medicine can possibly be of universal application. The teachings of the Professors of the New College, so far as the subject comes within the province of the *proper chairs*, will fully develope, maintain, prove, and defend that harmonious system of medicine which embraces

the *Unity* and *Integrity* of the living body, the Intermittency and Periodicity of its functions, and the intermittency, periodicity, and changes of temperature which mark the revolutions of universal nature. *Time* or *Period* (Chronos) and *Temperature* or *Heat* (Therma) are elements of every system in nature; yet these universal elements are nowhere found in any system of medicine hitherto taught in the Schools! Such a system nevertheless exists, and for its development we are indebted to that master mind,—SAMUEL DICKSON, of London; a system which, in harmony with the universal harmony of all nature, acknowledges every power and principle in creation, and avails itself of all natural means in the treatment of disease; a system which boasts the fertility, not the paucity, of its resources; which appeals from *authority* to *examination*; and, rejecting antiquated dogmas and conflicting theories, demands statistics; a system which employs little medicine, saves an immense amount of suffering, greatly shortens the duration of disease, and effects an unparalleled reduction in the number of deaths; a system from which the bleeding lancet, the leech, and every other form of blood-letting, are rejected, and rejected for reasons which are based upon indisputable truths.

In proof of the safety and universality of the application of the Chrono-Thermal System, its supporters are ever ready to compare its results—its numerical cures with the curative results of all other systems—disease for disease, case for case, period of continuance with period of continuance, &c.

Little more than sixteen years have elapsed since these rational and philosophical doctrines were published to the world by their author and expositor, Dr. Dickson. Though openly and honestly embraced by a number of medical men, they have been covertly and disingenuously practised by hundreds without acknowledgment, simply because they feared the loss of medical caste, or collegiate, scholastic, or professional excom-

munication. The principles of medicine, as first published by Dr. Dickson, in 1836, have been already translated on the Continent of Europe into the French, German, and Swedish languages; and of the American reprint alone, sixteen thousand copies have been issued since the year 1846. At the present day, whether in this country or in England, scarcely a book on Physic is now issued from the press, that does not, at least indirectly, attest the truths and intrinsic value of Dr. Dickson's doctrines,—one writer copying him fragmentally on one disease, another on some other. Let us instance a few illustrations thereof.

Dr. Holland, in his "Medical Notes and Reflections," opens the case by the following inquiry. "Has sufficient weight been assigned in our pathological reasonings to the principle which *associates together* so many facts in the history of disease, viz., the tendency in various morbid actions to distinct *intermissions* of longer or shorter duration, and more or less perfect in kind? The subject of so many diseased actions to this *common law* establishes relations which could not have been learned from other sources, and which have much value, even in the details of practice."

Dr. Laycock, under the guise of "Vital Periodicity," admits the whole doctrines as announced by Dr. Dickson in 1836—of which doctrines the Editor of the *British and Foreign Medical Review*, Dr. John Forbes, says, "If his researches prove correct, a considerable change must necessarily take place both in the THEORY and PRACTICE of Medicine:" and though in Jan., 1843, Dr. Forbes condemns the whole doctrine of Periodicity and Intermittency, in March, 1843, the same Dr. Forbes prints the following:—"The *Intermittent nature of disease* must certainly be better understood *before we can practise medicine SCIENTIFICALLY.*"

After this sweeping admission he adds, "Dr. Holland has an interesting essay on this subject in his 'Medical Notes and Reflections,' and more recently Dr. Laycock has attempted to demonstrate a *general law of Period-*

icity!" Mark the dates, 1836,—1843, and the plagiarisms from Dr. Dickson's works are self-evident.

Dr. Copland, the author of perhaps the greatest medical compilation ever published, says (1844), "It is impossible to bleed as we formerly did, by reason of the *malaria* from the wood pavement having since 1826 and '27 (when it was put down) made ALL DISEASES take on a PERIODIC TYPE!!" Thankful for his admission of the truth of our doctrines as they relate to the diseases of the British Metropolis, we ask what causes are in operation, making *all diseases* to take on a *Periodic type*, in localities and countries where these malarious wood pavements were never known?

Sir Benjamin Brodie, who has for thirty years *blindly* led the profession in the surgical part of "legitimate medicine," has since 1850 almost entirely adopted Dickson's rational system, being now "satisfied from more enlarged experience, that *local diseases*, in the strict sense of that word, are comparatively rare," and that consequently "the painful and loathsome torment" of the application of "setons and caustic issues," in joint diseases and in "caries of the spine," is not only "*not useful, but actually injurious.*" But hear Sir Benjamin himself (in 1850) maintain one of the distinctive doctrines of our new and harmonious system.—"Everything," says he, "tends to prove that in the great majority of cases there is a morbid condition of the system *antecedent* to the manifestation of disease in any particular structure;" and he now makes use of our distinctive remedies "with the happiest results;" and declares that thereby many cases are curable, which would have remained incurable—treated by the barbarous and loathsome measures he had himself for thirty preceding years been advocating! In connection with the testimony of Sir B. Brodie, we may add the evidence of Wm. Coulson, Esq., F.R.C.S., who says, "I have often witnessed the *periodical changes mentioned by Sir B. Brodie*, affecting either the joint or even the whole limb. In the morning it is cold, pale, and shrunken—



toward evening there is evidence of a more active circulation, and the skin is evidently red, hot, and shining. During the night the heat and redness subside, *and these alternations are as regular as the paroxysms of an AGUE.*"

Dr. Henry Holland, in his notice of "Morbid Actions of an Intermittent Kind," observes, "This tendency to *Intermission* in the animal functions may justly be termed a LAW, inasmuch as it is natural, *general*, and manifestly designed."

Dr. Marshall Hall has abandoned his "reflex" doctrines, and adopted a "Diastaltic theory of medicine," based on certain asserted eccentric and concentric movements, which he says "have for their root the word *Periodic*:" and refers to the application of alternation of temperature, of relative heat and cold, as being the "Clue of Ariadne," "the true guide" in the "labyrinth" of disease.

Thus have the great truths, first publicly announced by Dickson in 1836, changed the entire British Medical Practice. Can higher evidence of the value of these doctrines and the influence they have already attained be adduced?

We must, for the present, pass by Drs. Ashburner, Radcliffe, Christison, and Bushnan of the London *Medical Times*, as well as other stars of less brilliancy, and ask how stands this matter amongst the Profession in the United States?

In the May number of *The Western Lancet*, published at Lexington, Ky., nearly three years ago, is a leading article from the pen of Thomas D. Mitchell, M.D., then the Professor of Mat. Med. and Therap. in the Transylvania University, in which he declares, "The doctrine that all fevers and *all diseases* are essentially *Intermittent*, has long been before the public (but neither received by the public nor the profession), and while we are ignorant of the nature and source of *Periodicity*, the fact of *Intermittency* is as well established as any other in medicine." Applying this position to fevers, Prof. M. says, "Well aware that the idolaters

of a *false diagnosis based upon imaginary lesions* which have no practical bearing in the case, will stand aghast at this announcement,—I feel it my duty to present the facts as history, not away off in England, but here in our own land, exhibits them.”

Dr. S. H. Diekson, now of So. Ca. University, Charleston, taught most impressively the Law of the Periodicity of all Diseases, and was crowded out of his Professorship in the University of New York, because he taught that important medical truth, so unpalatable to those whose teachings reflect only the fallacies of the past; and Prof. Edw. H. Dixon, Editor of the *New York Scalpel*, announced recently in that journal, that he had made considerable progress in the investigation of the Periodicity of all disease; his progress dates 1849, thirteen years after Samuel Diekson, of London, had indisputably proved the doctrines the Editor of the *Scalpel* was investigating. At the present time there is scarcely a State in our Union in which Diekson's doctrines have not their fearless advocates and successful practitioners, and their number is annually increasing.

The authorities we have quoted—and they might be multiplied to the extent of a volume—all attest the truth of the doctrine of the Periodicity of Health and Disease, and the Medical Profession can no longer meet us with the weapons of contempt; *their* most illustrious and most unquestioned men *are with us*, and they must henceforth stand or fall on the *real merits* of our respective doctrines. Whilst *we* reject the use of lancet, leech, and scarificator, the teachings and text-books of “Legitimate Medicine” recommend “general or local depletion” in the treatment of almost every form of disease; and if the malady prove obstinate, “mercurials” are to be pushed to *salivation*; they have never directed the attention of students to the Intermission of all disease, without a knowledge of which Dr. Forbes declares that no physician “can practise medicine scientifically”—in other words, that all they do is a blunder!



In conclusion, the Faculty of the Penn Medical College would say that with a *part* of the Profession, they have long since accepted and practically tested the doctrines here set forth; and they propose to establish a *clinique* where this philosophical and rational system may be fully and practically illustrated in connection with the teachings of that institution. But whilst they give to these doctrines that prominence their truth and importance demand, they do not reject any well-founded principle that may now have place in the practice of medicine. Their purpose to investigate everything pertaining to the advancement of the profession of physic, and their best-formed opinions will thus become the possession of their classes.

### COURSE OF INSTRUCTION.

The First Session will commence the first Monday in March, and continue thirteen weeks; and the several Courses will continue throughout the term, in the following order:—

Hours	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
9—10	Anatomy.	Anatomy.		Anatomy.	Anatomy.	
10—11	Principles & Practice.	Prin. & Prac.	} Hospital {	Prin. & Prac.	Prin. & Prac.	} Hospital.
11—12	Obstetrics.	Obstetrics.		Obstetrics.	Obstetrics.	
12—1	Mat. Med. & Ther.	Mat. Med. & Ther.	Med. & Surg. Clinique.	Mat. Med. & Ther.	Mat. Med. & Ther.	Med. & Surg. Clinique.
3—4	Physiology.	Physiology.		Physiology.	Physiology.	
4—5	Surgery.	Surgery.	Anatomy.	Surgery.	Surgery.	Anatomy.
5—6	Chemistry.	Chemistry.		Chemistry.	Chemistry.	

The above arrangement affords such students as may desire to avail themselves thereof, leisure to attend the Hospital, or the hours designated may be profitably spent in study or review.

#### 1. PRINCIPLES AND PRACTICE OF MEDICINE.

This chair will be filled by Dr. Livezey, for some years past the incumbent of that chair in the

Fem. Med. Col. of Penn. He will illustrate the principles of the Chrono-Thermal doctrine of Dickson by reference to cases without limit, in which its superiority has been proved during an experience of many years, in an extensive practice, and in a locality favourable for the development of most of the diseases incident to our climate and country.

Dr. Livesey will also avail himself of an extensive correspondence, and of reports from Hospital, Army and Navy Surgeons, all in attestation of the truth and superiority of this over all the systems of the past.

The Course will be further illustrated by Pathological specimens, Diagrams, and a splendid series of paintings in elucidation of the Exanthemata, Cutaneous Diseases, &c., and it will be his especial aim to combine interest with useful instruction.

## 2. MATERIA MEDICA AND THERAPEUTICS.

Dr. J. Emerson Kent will give a complete Course on Materia Medica, in which the natural and commercial history, modes of preparation and administration of the articles therein embraced will be fully detailed. He will illustrate this department of his subject by reference to an ample collection of genuine and spurious drugs, drawings, &c.

The Therapeutical powers of the various remedies described will be given with special reference to their Thermal or Electric action, and he will explain the reasons of the *diverse* action of the *same* remedy, a result which has heretofore remained wholly unexplained in Lectures on this department of study.

Dr. Kent will also introduce to the acquaintance of the class all the most recent remedial agents, and will describe some *new* and most beneficial adaptations of older ones. In connection with the remarks on Sedatives, Blood-letting, &c., he will expose the fallacies of the theory of Inflammation; and also show that Calomel is no longer to be considered the Practitioner's most important remedial agent.

LIST OF OFFICERS  
OF  
THE PENN MEDICAL COLLEGE.

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President.

THE SECRETARY OF THE COMMONWEALTH,  
*ex officio.*

Vice-President.

DAVID HOLMES, M.D., OF RHODE ISLAND.

Emeritus Professors.

SAMUEL DICKSON, M.D., OF LONDON,  
Professor of Principles and Practice of Medicine.

WILLIAM TURNER, M.D., OF NEW YORK,  
Professor of Institutes of Medicine.

Faculty.

ABRAHAM LIVEZEY, M.D.,

(DEAN OF THE FACULTY),

Professor of Principles and Practice of Medicine.

J. EMERSON KENT, M.D.,

Professor of Materia Medica and Therapeutics.

SETH PANCOAST, M.D.,

Professor of Physiology and Institutes of Medicine.

JOSEPH S. LONGSHORE, M.D.,

Professor of Obstetrics, and Diseases of Women and Children.

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Professor of Principles and Practice of Surgery.

N. R. MOSELEY, M.D.,

Professor of Anatomy, General and Special.

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Professor of Chemistry and Toxicology.

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Professor of Medical Jurisprudence.

## CHRONO-THERMAL WORKS.

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*People's Edition, Price 2s. 6d.,*

FALLACIES OF THE FACULTY,  
 WITH THE  
 CHRONO-THERMAL SYSTEM OF MEDICINE.

BY  
 SAMUEL DICKSON, M.D.,  
 FORMERLY A MEDICAL OFFICER ON THE STAFF.

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## CONTENTS :—

Physiology of Healthy Life shown to be a Periodic or Tidal Alternation of Attractive and Repulsive Movement in the various Organs and Atoms of the Body—Disease consists in a greater or less Error in one or more of the Corporeal Periods of Time with a corresponding Error of Temperature—All Disorders fitful or intermittent—Unity of Disease—Ague or Intermittent Fever the Type of all Disorders—Elements of Cause and Cure Identical—Poison and Medicine act by Attraction and Repulsion—The Agency of both Electrical, rather than Mechanical or Chemical—“One Man’s Medicine another Man’s Poison,” by reason of Diversity of Constitution—Blood-letting the Invention of an Age of Barbarism, shown by the Treatment in the Cases of Lord Byron, Sir Walter Scott, &c., &c.—The Successful Application of Medicine depends on its Proper Adjustment to the Temperature and Constitution of the Patient and the Period of Attack of the Disease—The Treatment during the Periodic Remission which happens in all Diseases must be different from that practised in the stages of the Paroxysm—Time and Temperature the Basis of the Chrono-Thermal System of Medicine.

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in the case of several eminent practitioners who were once his opponents, now adopting his opinions. This is a pamphlet well worth reading. If read, it must give rise to thought—thought to inquiry—and inquiry to a more rational plan of life, both in health and disease.”—*Bedford Mercury*.

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